



## REINSTATEMENT APPLICATION

**Kentucky Board of Certification of Alcohol and Drug Counselors**  
**P.O. Box 1360**  
**Frankfort, Kentucky 40601**

In accordance with KRS 309.085 (2) The board shall cancel any certificate not renewed within ninety (90) days after the renewal date; however, the board may reinstate the certificate, upon its holder paying the renewal fee and satisfying the other reinstatement requirements as established by the board by administrative regulation within one (1) year of the anniversary date of issue of renewal. 201 KAR 35:040 Section 10 (a) Submit evidence of receiving sixty (60) hours of continuing education within the three (3) year period immediately preceding the date that reinstatement is requested; or (b) Obtain sixty (60) hours of continuing education within six (6) months shall result in termination of certification. Please return this form completed, reinstatement fee of \$300.00 (check or money order made to the Kentucky State Treasurer).

### PLEASE COMPLETE THE FOLLOWING:

1. \_\_\_\_\_  
Name
2. \_\_\_\_\_  
Street Address  
  
\_\_\_\_\_  
City State Zip Code  
  
\_\_\_\_\_  
Present Place of Employment (If different from mailing address)  
  
\_\_\_\_\_  
Street Address  
  
\_\_\_\_\_  
City State Zip Code
3. ( ) - ( ) - \_\_\_\_\_  
Home Telephone Business Telephone Email Address
4. - - ( ) - ( ) - \_\_\_\_\_  
Social Security Number Cell Phone Number Fax Number
5. Kentucky Certified Alcohol & Drug Counselor Certification Number: \_\_\_\_\_
6. Have you been convicted of a felony since your last application or renewal? Misdemeanor (excluding minor traffic violations) within the last 5 years. ☐ Yes ☐ No.  
If yes, give details on a separate sheet of paper.
7. List any state in which you have become licensed or certified since your last renewal, the type ☐ Yes ☐ No.  
of license or certification, and the number of the certification or license.

8. Have you been subject to disciplinary action by a mental health credentialing or licensure board? ☐ Yes ☐ No.  
If yes, give details on a separate sheet of paper. Details shall include, but not be limited to the date charges will be filed, details surrounding the allegations and a copy of the official final actions taken.

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#### AFFIDAVIT

I, the certificate holder, named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Certification of Alcohol and Drug Counselors.

I have completed \_\_\_\_\_ hours of continuing education in the past three years as defined in 201 KAR 35:040. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Certificate Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign your name – Do not print or type)



In an effort to update the Kentucky Board of Certification of Alcohol and Drug Counselors records, the board is requesting the following information for your file. If you have questions, please feel free to contact Karen Lockett, Board Administrator, at (502) 564-3296 ext. 222.

***(An official transcript conferring highest degree from registrar of institution must be on file)***

School	Name and Location	Dates Attended		Date of Graduation			Degrees Obtained
		From	To	Month	Year	Number of Hours or	
Baccalaureate							
Master's							
Doctoral							